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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

F99182

First Named Inventor

Iraj Parchamazad

**COMPLETE IF KNOWN**

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PORTABLE COGENERATION FUEL-CELL POWER GENERATOR WITH HIGH-YIELD,  
LOW PRESSURE REFORMER FOR RECREATIONAL VEHICLES

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

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Name <b>A. M. Fernandez</b>					
Address <b>2933 Motor Avenue</b>					
City <b>Los Angeles</b>		State <b>CA</b>		ZIP <b>90064</b>	
Country <b>U.S.A.</b>		Telephone <b>310-559-2231</b>		Fax <b>310-559-2274</b>	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>					
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <b>Iraj</b>		Family Name or Surname <b>Parchamazad</b>			
Inventor's Signature				Date	
Residence: City <b>La Verne</b>		State <b>CA</b>		Country <b>USA</b> Citizenship <b>U.S.</b>	
Mailing Address <b>1589 Bianca Street</b>					
City <b>La Verne</b>		State <b>CA</b>		ZIP <b>91750</b> Country <b>U.S.A.</b>	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature 				Date <b>10/5/01</b>	
Residence: City		State		Country Citizenship	
Mailing Address					
City		State		ZIP Country	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Iraj Parchamazad
Title	Portable Cogeneration.....
Group Art Unit	
Examiner Name	
Attorney Docket Number	F99182

I hereby appoint:

☐ Practitioners at Customer Number  → 

Place Customer  
Number Bar Code  
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**OR**

☒ Practitioner(s) named below:

Name	Registration Number
A. M. Fernandez	19,483

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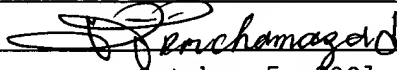
<input type="checkbox"/> Firm or Individual Name	A. M. Fernandez				
Address					
Address	2933 Motor Avenue				
City	LOS Angeles	State	CA	Zip	90064
Country	US				
Telephone	310-559-2231	Fax	310-559-2274		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name	Iraj Parchamazad
Signature	
Date	October 5, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

**XX**\*Total of 1 forms are submitted.

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